

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040075

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5451

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN LEAWOOD	
Length of stay in 1b 1 WEEK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) TRINITY LUTHERAN HOSP.		d. STREET ADDRESS (If outside, give location) 2315 W. 84TH STREET	
3. NAME OF DECEASED (Type or print) First GRACE Middle HENRIETTA Last O'FLYNN		4. DATE OF DEATH Month OCTOBER Day 5 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-30-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) ST. LOUIS MO.
13a. FATHER'S NAME HENRY RHORER		13b. MOTHER'S MAIDEN NAME EMILY BURNS	14. NAME OF HUSBAND OR WIFE HENRY O. O'FLYNN, SR.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT HENRY O'FLYNN, JR.		17. ADDRESS 8024 JUNIPER DRIVE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertension DUE TO (c) atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. no	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION LEAWOOD	
20g. COUNTY JOHNSON		20h. STATE KANSAS	
21. I attended the deceased from Sept 30, 1963 to Oct 5, 1963 and saw him alive on Oct 5, 1963 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. B. Casbolt MD		22b. ADDRESS 4000 Baltimore K.C. MO.	
22c. DATE SIGNED 10-8-63		22d. LOCATION (City, town, or county) LEAWOOD	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT 8 1963	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) LEAWOOD	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, K.C. MO.		25. DATE RECD. BY LOCAL REG. 10-8-63	
26. REGISTRAR'S SIGNATURE Beasia Smith			

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

Dr. Milton Berford Carls
4000 Bollinger Ave
W. 1-5115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.